MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

02244

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ~

Stay in this community (yrs., or mos., or days) 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ~

3. (a) FULL NAME Infant Bowles

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
~~Female~~ ~~White~~	White	Single

B (b) Name of husband or wife ~

6(c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Feb 17, 1940

8. AGE:

Years	Months	Days	If less than one day
~			4 hrs. ~ min.

9. Birthplace Great Mills, St Marys, Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name J Lloyd Bowles
13. Birthplace Pearsons, Md

MOTHER
14. Maiden name Agnes M Lang
15. Birthplace Baltimore, Md

16. Informant Agnes Bowles
Address Great Mills, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 18, 1940 (month) (day) (year)

Cemetery or crematory Home garden

Location near Great Mills, Md

19. Funeral director Lloyd Bowles

Address Great Mills, Md

19. Feb 18 1940 (Date rec'd by registrar) P J Brannock Md Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1940, at 5:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1940 to Feb 17 1940, and that I last saw him alive on Feb 17 1940.

	DURATION
Immediate cause of death Premature birth	6 months
Due to Influenza of mother	4 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ~ Date of ~

Where did injury occur? ~ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ~

Means of injury ~ Injured at work?

23. SIGNATURE P J Brannock Md
M. D. or other

Address Great Mills, Md Date signed 2/18/40

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MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02245

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 291

Village or City Scotland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norah Biscoe If U. S. Veteran, specify WAR

(a) Residence: No. Scotland, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of: Edgar Biscoe

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 65 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotland Md.

FATHER

13. NAME: George Smith

14. BIRTHPLACE (city or town) (State or country): Not learned Md.

MOTHER

15. MAIDEN NAME: Not learned

16. BIRTHPLACE (city or town) (State or country): Not learned Md.

17. INFORMANT: Kelly Bryan (Son-in-law)

(Address) Scotland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Placa St. Lukes Cemetery Data Feb. 12 1940

19. UNDERTAKER: E. L. Robinson

(Address) Dameron Md

20. FILED Feb 11, 1940 P. J. Dean Md

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 10 1940

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attendad deceased from October 29 1939, to Febr. 10, 1940

I last saw her alive on Febr. 8, 1940; daath is said to have occurred on tha date statad abova, at 10:30 p.m.

Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Sudden death	2/3/40
Other Contributory Causes of importance: Generalized Arteriosclerosis	Several years ago.
Hypertensive Heart disease	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was thera an autopsy? No

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way relatad to occupation of deceased? No

if so, spacify

(Signad) Robert T. Fenby M. D.

(Addrass) Park Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20-2-16

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural near Avenue Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Avenue Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Thelma Clark

3. (b) Social Security Number

4. Sex: fem.

5. Color or race: col

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-8-1919

8. AGE: Years 20 | Months 2 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace Avenue (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Charles Turner Clark

13. Birthplace Md

MOTHER 14. Maiden name May Frances Woodland

15. Birthplace Md

16. Informant John Lincoln Clark

Address Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-26-40 (month) (day) (year)

Cemetery or crematory Bacon Hall

Location Bushwood

18. Funeral director Rose Weld

Address Chaptico Md

19. 2-25 1940 R. V. Palmer (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1940, at 1P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-1 1940, to 2-24 1940 and that I last saw her alive on 2-7 1940

Immediate cause of death Exhaustion

Due to Pulmonary Tuberculosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 2-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02247

83a

1. PLACE OF DEATH

County St Mary's Registration Dist. No. 282

Village or City Clements md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. — mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Columbus Dorsey

(a) Residence: No. Clements md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lucelle Dorsey

6. DATE OF BIRTH (month, day, and year) Dec 8 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alec Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Eliza Dorsey

16. BIRTHPLACE (city or town) (State or country) Leonardtown Md.

17. INFORMANT Lucelle Dorsey

(Address) Clements md

18. BURIAL, CREMATION, OR REMOVAL

Place Leonardtown md Date Feb 24, 1940

19. UNDERTAKER Wm. C. Mattingly

(Address) Leonardtown md

20. FILED 2/23, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 22 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1940, to Feb. 22, 1940

I last saw him alive on Feb. 22, 1940; death is said to have occurred on the date stated above, at 7.20 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/22/40
Other Contributory Causes of importance:	
Arteriosclerosis	?

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Allyn C. Welch M. D.

(Address) Leonardtown md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1928 BUREAU OF ...

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

02248

Reg. Diat. No. 256

1. PLACE OF DEATH:
County St Mary's
City or town Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 0 - 0 - 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St Mary's
City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Bushwood
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara Louise Dyson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
f	W	Single

8.(b) Name of husband or wife
8.(c) If olive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 16 - 40

8. AGE:

Years	Months	Days	If less than one day
—	—	1	hrs. min.

9. Birthplace Bushwood Md
(Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name James Thomas Dyson
13. Birthplace Bushwood
MOTHER 14. Maiden name Gladys Elizabeth Bond
15. Birthplace Virginia Md
16. Informant James Thomas Dyson
Address Bushwood Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-19-40 (month) (day) (year)
Cemetery or crematory Sacred Heart
Location Bushwood Md
18. Funeral director C. B. Robinson
Address Leonardtown Md
19. 2-18-1940 (Date rec'd by registrar) Robt. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17-1940, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-17-1940 to 2-17-1940 and that I last saw him alive on 2-17-1940

	DURATION
Immediate cause of death Premature birth, due to premature detachment of placenta	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other
Address Avenue Md Date signed 2-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02249

Reg. Dist. No. 286

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 0-1-13

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bushwood

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gladys Elizabeth Dyson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem	Col	Married

6 (b) Name of husband or wife James Thomas Dyson

6(c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) 1-31-1922

8. AGE:

Years	Months	Days	If less than one day
18	0	16	____ hrs. ____ min.

9. Birthplace Maryland St. Mary's Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Morris Bond

13. Birthplace Maryland

MOTHER 14. Maiden name Sallie Jenkins

15. Birthplace Maryland

16. Informant James Thomas Dyson

Address Bushwood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 18 40 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood

18. Funeral director C. B. Robinson

Address Leonardtown Md

19. 2-18-1940 (Date rec'd by registrar) H. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17-1940, at 5 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-16-1940, to 2-17-1940, and that I last saw him alive on 2-16-1940.

	DURATION
Immediate cause of death Coronary Occlusion.	1 day
Due to Chronic nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Leonardtown Date signed 2-18-40

RECEIVED
MAR 6 1940
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137a)

02250

CERTIFICATE OF DEATH

Reg. Dist. No. 2-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No Leonardtown-Hollywood road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Henry Gough

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	married

6 (b) Name of husband or wife Sarah Gough

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 63	—		hrs. min.

9. Birthplace California, Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Henry Gough

13. Birthplace California Md

MOTHER 14. Maiden name Polly Thomas

15. Birthplace California, Md

16. Informant Bennie Gough

Address Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 4, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ St John's

Location Hollywood, Md

18. Funeral director Robinson Funeral Home

Address Leonardtown, Md

19. Feb 3 1940 (Date rec'd by registrar) C F Bean Md Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1933, to Feb 2 1940, and that I last saw him alive on Feb 1 1940.

	DURATION
Immediate cause of death Uremia	1 week
Due to Hypertrophy of prostate	3 years
Due to —	
Other conditions Polyarthritis	7 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE C F Bean Md
M. D. or other

Address Great Mills, Md Date signed Feb 2, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1912)

CERTIFICATE OF DEATH

02251

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills District No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Indian Bridge Road.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Benjamin Hebb

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed.

6 (b) Name of husband or wife Mary I Hebb

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 4th 1857

8. AGE: Years 82 | Months 6 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace St Marys Co, Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER 12. Name George Hebb

13. Birthplace Hagerstown Md

MOTHER 14. Maiden name Elizabeth Russell

15. Birthplace Hollywood Md

18. Informant Mrs Daisy Beam (daughter)

Address Great Mills, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 13, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ St John's

Location Hollywood, Md

18. Funeral director Joseph C Mattingley

Address Leonardtown, Md

19. Feb 11 1940 (Date rec'd by registrar) D J Beam M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 2.10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 1940, to Feb 10 1940, and that I last saw him alive on Feb 8 1940.

	DURATION
Immediate cause of death Uremia	1 week
Due to Nephritis	6 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE D J Beam M. D. or other

Address Great Mills, Md Date signed 2/11/40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02252

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 297

Village or City Ridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Lee If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara Tadlon

6. DATE OF BIRTH (month, day, and year): Feb'y 17, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 83	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm

10. Date deceased last worked at this occupation (month and year): Not Learned

11. Total time (years) spent in this occupation: Not Learned

12. BIRTHPLACE (city or town) (State or country): St. Mary's County Md.

FATHER

13. NAME: Henry Lee

14. BIRTHPLACE (city or town) (State or country): St. Mary's County Md.

MOTHER

15. MAIDEN NAME: Mara Camel

16. BIRTHPLACE (city or town) (State or country): St. Mary's County Md.

17. INFORMANT: Frank Lee (Son)

(Address) Ridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Clavers Date Feb 22, 1940

19. UNDERTAKER: E. L. Robinson

(Address) Dameron

20. FILED Feb 21, 1940 P. J. Began M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from January 31, 1940, to Febr. 20, 1940

I last saw him alive on January 19, 1940; death is said to have occurred on the date stated above, at 9 00 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Generalized Arteriosclerosis	Several years ago
Hypertensive Heart disease	"
Other **Contributory Causes** of Importance:	
Uremia	Several weeks ago

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuches M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (179B) CB

02253

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St. Mary
City or town near Leonardtown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Ohio County ✓
City or town Cleveland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Herbert F Moore

3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of ~~husband~~ or wife: Mary Jane Hillis
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.): Nov 1884

8. AGE: Years 55 | Months 3 | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Leonardtown Md
(Town, county, and state)
10. Usual occupation Hotel Manager
11. Industry or business
FATHER
12. Name Herbert F Moore
13. Birthplace St Marys Co. Md
MOTHER
14. Maiden name Celia Durant
15. Birthplace Leonardtown Md.
16. Informant Nellie Fenwick
Address Washington D C
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 3 1940 (month) (day) (year)
Cemetery or crematory St Andrews Cemetary
Location East of Leonardtown 4 miles
18. Funeral director P. B. Robinson
Address Leonardtown Md.
19. 3/3 1940 (Date rec'd by registrar) Carmalee Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940 at 10 45
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___,
and that I last saw him ~~alive~~ dead on March 1st 1940.
Immediate cause of death Amytal poisoning due to overdose
Due to possibly mistake
Due to
Other conditions Died in a house alone
(Includa pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of Mar 1 40
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Greenwell M. D. or other
Address Leonardtown Md Date signed Mar 1 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1960
BUREAU V. S.

02254

(166)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 282

1 PLACE OF DEATH

County St Mary

Village or City Merchantsville Md (No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Thomas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan (Month) 23 (Day), 1 (2) (Year)

7 AGE: About 27 (2) yrs. or 17 (2) mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed or (employer): Farm

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Thomas

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raymond Sylvester Hayden

(Address) Merchantsville Md

15 Filed 2/5 1940 Camden Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 4 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 4 1940 to Feb 4, 1940 that I last saw him alive on Feb 4, 1940 and that death occured on the date stated above, at 2 P m.

The CAUSE OF DEATH * was as follows:

Gun Shot wound Back of Skull

Murder (Confirmed) (Duration) yrs. mos. ds.

Contributory Secondary: Same Bones Shot away in large part (Duration) yrs. mos. ds.

(Signed) F D Chappelear M.D.

Feb 4 1940 (Address) Hedgeville Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL , 19

20 UNDERTAKER: Jos Mattingly ADDRESS Greenwood Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory."

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1919

STATE OF MARYLAND—CERTIFICATE OF DEATH

02255

77-e

1. PLACE OF DEATH

County St Marys Co. Registration Dist. No. 274

Village or City Charlotte Hall No. Rural St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Spencer Luther Thompson If U. S. Veteran, specify WAR

(a) Residence: No. Thompson Corner St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Wh.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 10 - 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co (State or country) Md.

FATHER

13. NAME Joseph Henry Thompson

14. BIRTHPLACE (city or town) Charles Co (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Swann

16. BIRTHPLACE (city or town) Charles Co. (State or country) Md.

17. INFORMANT J. Wilson Thompson (Address)

18. BURIAL, CREMATION, OR REMOVAL Place All Faith Ch. Date 2/20, 1940

19. UNDERTAKER Elgin Meade (Address) Hughesville

20. FILED 2/19, 1940 Leon J Dashiell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb - 19 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb-19, 1940, to Found dead

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Found dead.

Exhemation and Chock from exposure after a drinking Spell.

Other Contributary Causes of Importance:

Alcoholism Excess

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Leon J Dashiell M. D.

(Address) Charlotte Hall

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MD

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170c)

02256

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown (near)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Great Mills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Norman B. Williams

3. (b) Social Security Number 216-09-1071

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-1918

8. AGE: Years 21 Months 7 Days 6 If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Garage Service Work

11. Industry or business

FATHER 12. Name William D. Williams

13. Birthplace Md.

MOTHER 14. Maiden name Blanch Long

15. Birthplace Md.

16. Informant Virginia MacWilliams

Address Great Mills Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-13-40 (month) (day) (year)

Cemetery or crematory Holy Face Cemetery

Location Great Mills Md.

18. Funeral director P.B. Robinson

Address Leonardtown Md

19. 2/11 1940 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I did not attended deceased from 19 to 19, and that I last saw him alive on Feb 11 1940.

Immediate cause of death Fracture of Skull

Due to Automobile Accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 2/11/40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 2/11/40

Where did injury occur? Near Leonardtown (City or town) St. Mary's (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Road

Means of injury Auto accident Injured at work? Yes

23. SIGNATURE Frank A. Camalier Acting Coroner M. D. or other

Address Leonardtown Date signed 2/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02257

157-2

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County St Marys Registration Dist. No. 2 Dy

Village or City Oakville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant of James & Veronica Woodland If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb - 13 - 46

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) St Marys Co (State or country) Rural Md.

FATHER

13. NAME James Woodland

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md.

MOTHER

15. MAIDEN NAME Veronica Thomas

16. BIRTHPLACE (city or town) St Marys Co. (State or country) Md

17. INFORMANT James Woodland (Address) Mechanicsville

18. BURIAL, CREMATION, OR REMOVAL Place Gallilee Ch. Date Feb 13, 1946

19. UNDERTAKER Parran Woodland (Address) Mechanicsville

20. FILED Feb 13, 1946 Lemm J Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 13 (Day), 1946 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1946, to Feb 13, 1946

I last saw h~~e alive on~~ dead, 19; daath is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Incomplete Closure of Cardiac Valves (Blue baby)	birth

Other Contributary Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Lemm J Jackson M. D.

(Address) —

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

02258

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural near Tomaston

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40-2-17

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural near Tomaston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. River Springs

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John David Young

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
m	w	married

6 (b) Name of husband or wife Mary Elizabeth St. Clair Young

(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 5-10-1860

8. AGE:

Years	Months	Days	If less than one day
79	9	11	hrs. min.

9. Birthplace Long Island N.Y. (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John David Young
13. Birthplace Long Island N.Y.

MOTHER
14. Maiden name Mary Elizabeth Miller
15. Birthplace Long Island N.Y.

16. Informant Grover Stone

Address Wisconsin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-23-1940 (month) (day) (year)

Cemetery or crematory All Saints

Location Oakley

18. Funeral director Rose Welch

Address Chaptico Md

19. 2-23 1940 H. V. Palmer (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-1940, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-18-1940, to 2-21-1940, and that I last saw him alive on 2-20-1940.

Immediate cause of death Heart attack Sunstroke

Due to Chronic Endocarditis

Due to Chronic Arteriosclerosis

Other conditions acute bronchitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 2-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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